

To:
Dental Hygienists
Dentists
HMOs and Other
Managed Care
Programs

Procedure Code Updates for Dental Services

Effective for dates of service on and after January 1, 2007, Wisconsin Medicaid is updating dental coverage, policies, and limitations to reflect the new *Current Dental Terminology* (CDT) 2007/2008 coding book. These changes include the following:

- Adding new CDT procedure codes.
- Enddating discontinued procedure codes.

Effective for dates of service (DOS) on and after January 1, 2007, Wisconsin Medicaid is updating dental coverage, policies, and limitations to reflect the new *Current Dental Terminology* (CDT) 2007/2008 coding book.

These changes include the following:

- Adding new CDT procedure codes.
(Providers should refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of newly allowable procedure codes and their descriptions, status, copayment amounts, and maximum allowable fees.)
- Enddating discontinued procedure codes.

Procedure Codes Added for Topical Fluoride and Varnish

In its 2007-2008 edition, CDT separated prophylaxis and application of fluoride and distinguished between topical fluoride and varnish. As a result, providers should indicate procedure code D1203 (Topical application of fluoride [prophylaxis not included]; child) or

D1204 (Topical application of fluoride [prophylaxis not included]; adult) for topical applications other than fluoride varnish. Procedure code D1206 (Topical fluoride varnish; therapeutic application for moderate to high caries risk patients) should be indicated for the varnish.

Procedure Code D1206 Restrictions

Recipients through age 20 are restricted to two topical applications of fluoride varnish (prophylaxis not included) per 12-month period, per provider. Recipients through age 20 with a demonstrated high need may receive up to four fluoride varnishes per 12-month period, per provider. Providers are required to retain documentation of demonstrated high need.

Permanently disabled recipients of any age may receive up to four fluoride varnishes (prophylaxis not included) per 12-month period, per provider. Providers are required to retain documentation of the disability that impairs the recipient's ability to maintain oral hygiene.

Per CDT, procedure code D1206 is not used for desensitization.

Enddated Procedure Codes

As a result of CDT code changes, Wisconsin Medicaid will no longer reimburse providers for claims for the following enddated procedure codes with DOS on and after January 1, 2007:

- D1201 (Topical application of fluoride [including prophylaxis]; child).
- D1205 (Topical application of fluoride [including prophylaxis]; adult).
- D6971 (Cast post as part of bridge retainer).

For More Information

Providers with questions regarding the procedure codes in this *Update* may call the Provider Services designated dental correspondent at (800) 947-9627 or (608) 221-9883, option 6. Providers may also refer to the Medicaid Web site at dhfs.wisconsin.gov/medicaid for maximum allowable fee schedules.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their dental benefits on a fee-for-service basis. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

Newly Allowable Procedure Codes for Dental Services

Effective for Dates of Service on and After January 1, 2007

The following procedure codes have been added to the *Current Dental Terminology-2007/2008* code book and are reimbursable by Wisconsin Medicaid.

Status	Procedure Code	Description	Prior Authorization Required	Max Fee (Ages 0 to 20)	Max Fee (Ages 21 and Up)	Copayment (Ages 18 and Up)
Added	D0273	Bitewings; three films	No	\$12.67	\$12.67	\$1.00
Added	D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	No	\$53.30	\$53.30	\$3.00
Added	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	No	\$12.76	\$12.76	\$1.00
Added	D1555	Removal of fixed space maintainer	No	\$25.00	\$25.00	\$1.00
Added	D7951	Sinus augmentation with bone or bone substitutes	No	\$512.14	\$512.14	\$3.00
Added	D8963	Rebonding or recementing; and/or repair, as required, of fixed retainers	No	\$50.00	\$50.00	\$2.00
Added	D9612	Therapeutic parenteral drugs, two or more administrations, different medications	No	Manually Priced	Manually Priced	